

**Testimony of the American Lung Association in Connecticut  
in Support of Raised House Bill No. 5411,  
An Act Concerning Medicaid**

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March 11, 2010

Human Services Committee  
Room 2000, Legislative Office Building  
Hartford, CT 06106

Dear Senator Doyle, Representative Walker and Honorable members  
of the Human Services Committee:

Thank you for the opportunity to address you today. My name is Dawn Mays-Hardy and I serve as the Connecticut Director of Health Promotion and Public Policy from the American Lung Association. On behalf of the American Lung Association in Connecticut, I am here to ask for your support for Raised House Bill No. 5411, An Act Concerning Medicaid, which provides the long overdue tobacco treatment Medicaid coverage recipients.

Connecticut should be proud of consistently remaining as one of the top ten healthiest states. We have with one of the lowest adult smoking rates at 16% in the nation; however, a desire for health equity must compel us to strive for excellent health outcomes in all populations. Research shows one of the best ways to improve health outcomes and address health disparities is to target the Medicaid population. Like the Medicaid population, smokers are disproportionately represented in lower education, income, and occupational status categories. Nationally, the Medicaid population smokes at a significantly higher rate than the overall population – 32.6 % compared with 20.4 %. Connecticut's Medicaid smoking rate is higher than the national average; 36% of Connecticut Medicaid recipients smoke over twice as high as the state smoking rate.

Comprehensive cessation services especially for our most vulnerable subpopulations in Medicaid must be available. Connecticut recognizes the importance of providing expanded Medicaid medical coverage for pregnant women, but this very important group of young women lack the smoking cessation coverage so many of them urgently need and want. 25% of pregnant Medicaid recipients are smokers and for many years the U.S. Public Health Service has recommended cessation coverage. Pregnant women on Medicaid are 2.5 times more likely than other pregnant women to smoke, according to Medicaid data collected by the Centers for Disease Control and Prevention (CDC).

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Helping pregnant women to quit smoking would have enormous short and long term health benefits. These include reduced tobacco-related spontaneous abortions, lower rates of low-birth weight infants, fewer admissions to neonatal intensive care units, decreased infant deaths from perinatal disorders, and reduced rates of sudden infant death syndrome.

The next subpopulation that requires special attention in Medicaid is people who suffer with mental illnesses because 41% of people with mental health disorders are smokers. Research proves persons with mental illness can quit and want to quit. Minorities, especially Hispanics, are disproportionately represented in Medicaid population and smoke at higher rates than the State average.

Since 2003, legislation to create a comprehensive smoking cessation program and attach funding for the approximately 61,000 smokers on Medicaid in Connecticut has faltered citing budget deficits. Mere conversations about the issue will not solve the problem. Smoking costs Connecticut almost \$2 billion a year to care for people dying of lung cancer and other tobacco-related diseases. Yet, on the average, as many as two in five Medicaid beneficiaries still smoke. By passing this bill, we can help end this health disparity not only for the Medicaid recipients and save millions of taxpayer dollars in the process.

Connecticut is one of only four states that does not cover any smoking cessation treatments in its Medicaid plan. One New England neighbor, Massachusetts, has already been successful in implementing a comprehensive smoking cessation benefit for Medicaid recipients. Within just two and a half years, the group smoking rate fell 10 percentage points from 38% to 28%. Those who quit showed dramatic reductions in hospitalizations for heart attacks, emergency department visits for asthma, and acute birth complications. It is pass time for Connecticut to take this cost-effective and health promoting step.

I urge you to support Raised House Bill No. 5411, An Act Concerning the Elimination of Certain Department of Social Services Reporting Requirements with the proposed amendments as submitted by the MATCH Coalition.

Thank you.

Dawn Mays-Hardy, MS  
CT Director for Health Promotion and Public Policy  
American Lung Association in Connecticut